

**NON-PROVISIONAL
UTILITY PATENT APPLICATION
TRANSMITTAL - 37 CFR 1.53(b)**

☐ **Duplicate**
(check, if applicable)

MAIL STOP PATENT APPLICATION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Attorney Docket No.: 8567-592U2 (P-0275)

First Named Inventor: Paul H. Norton

Express Mail Label No.: EV343986875US

Total Pages of Transmittal Form: 2



Transmitted herewith for filing is the non-provisional utility patent application entitled:

SYRINGE SAFETY DEVICE

which is:

an ☐ Original; or

a ☒ Continuation, ☐ Divisional, or ☐ Continuation-in-part (CIP)
of prior Non-Provisional Patent Application No. 10/011,262 ("the parent application")
filed November 7, 2001.
Anticipated Group/Art Unit: 3763.

☒ This and the parent application are based on Provisional Patent Application No.
60/246,635, filed November 8, 2000.

Enclosed are:

- ☒ Specification (including Abstract) and claims: 15 pages.
- ☒ 5 sheets of drawings (formal).
- ☐ Application Data Sheet.
- ☐ Newly executed/unexecuted Declaration (original/copy).
- ☒ Copy of Declaration from the parent application.
- ☐ Separate Power of Attorney (including 37 CFR 3.73(b) statement, if applicable).
- ☐ Microfiche computer program (Appendix).
- ☐ Nucleotide and/or Amino Acid Sequence Submission, including:
- ☐ Computer readable copy ☐ Paper Copy ☐ Verified Statement.
- ☐ Under PTO-1595 Cover Sheet, an assignment of the invention
- ☒ Name of Assignee: **West Pharmaceutical Services, Inc.**
- ☐ Certified copy(ies) of Application No(s). filed is/are filed:
☐ herewith or ☐ in prior application .
- ☐ Applicant(s), by its/their undersigned attorney, claim(s) Small Entity Status under
37 C.F.R. §1.27 as ☐ an Independent Inventor, or ☐ a Small Business Concern,
or ☐ a Non-Profit Organization.
- ☒ Preliminary Remarks.
- ☒ Information Disclosure Statement, PTO/SB/08A, and cited references.
- ☐ Request for Nonpublication of Application Under 35 U.S.C. §122(b)
- ☐ Other:

The filing fee is calculated as follows:

			SMALL ENTITY			LARGE ENTITY	
CLAIMS	NO. FILED	NO. EXTRA	BASIC FEE:			BASIC FEE:	
			\$385.00			\$770.00	
Total	14 - 20 =	0	X9	\$	OR	X18	\$ 0.00
Independent	1 - 3 =	0	X43	\$	OR	X86	\$ 0.00
<input type="checkbox"/> Multiple Dependent Claims Present			\$145	\$	OR	\$290	\$
			TOTAL	\$	OR	TOTAL	\$ 770.00

- ☐ The commissioner is not authorized to charge the filing fee at this time as we elect to defer payment of the entire filing fee until receipt of a Notice to File Missing Parts.
- ☒ A check in the amount of \$770.00 to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge and/or credit **Deposit Account No. 50-1017 (Billing No. 208567.0646)** as noted below. A duplicate copy of this sheet is enclosed.
- ☒ Any overpayments or deficiencies in the above-calculated fee.
- ☐ Filing fee in the amount of \$_____ as calculated above.
- ☒ Any additional fees required under 37 C.F.R. § 1.16 and § 1.17.
- ☒ In the event that a Petition for Extension of Time is required during the prosecution of this application, but not submitted, please charge any extension fee under 37 C.F.R. § 1.136(a) to our Deposit Account noted above.

CORRESPONDENCE ADDRESS

PAUL H. NORTON *et al.*

December 4, 2003
(Date)

By: Martin G. Belisario

MARTIN G. BELISARIO

Registration No. 32,886

AKIN GUMP STRAUSS HAUER & FELD LLP

One Commerce Square

2005 Market Street, Suite 2200

Philadelphia, PA 19103-7013

Telephone: 215-965-1200

Direct Dial: 215-965-1303

Facsimile: 215-965-1210

E-Mail: mbelisario@akingump.com

☒ Customer Number or Bar Code Label: **000570**

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Enclosures